

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024421

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6681

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **ST. LOUIS, MISSOURI**

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **BARNES HOSPITAL**Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Illinois** b. COUNTY **Randolph**c. CITY  
OR  
TOWN **Walsh**Inside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS **Route #1**Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE  
OF  
DEATH

Month

Day

Year

**LESTER****K.****BLIND****JULY****5****1962**

5. SEX

6. COLOR OR RACE  
**Male** **White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**3-21-06**9. AGE (last birthday)  
**56**IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR.  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Trucker**10b. KIND OF BUSINESS OR INDUSTRY  
**Trucking**11. BIRTHPLACE (City and state or country)  
**Preston Illinois**12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**William Blind**

13b. MOTHER'S MAIDEN NAME

**Etta Thompson**

14. NAME OF HUSBAND OR WIFE

**Isabel Blind**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

17. INFORMANT

Address

**Isabel Blind, Walsh Illinois**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**LAENNEC'S CIRRHOSIS**INTERVAL BETWEEN  
ONSET AND DEATH  
**10 YEARS**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

**581.1**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **JUNE 14, 1962**, to **JULY 5, 1962** and last saw her alive on **JULY 5, 1962**  
Death occurred at **12:40 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**M. D.**

22b. ADDRESS

**BARNES HOSPITAL**

22c. DATE SIGNED

**7/6/62**  
(State)23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
**Burial**

23b. DATE

**7-8-62**

23c. NAME OF CEMETERY OR CREMATORY

**Caldonia**

23d. LOCATION (City, town, or county)

**Sparta Illinois**

24. FUNERAL DIRECTOR

ADDRESS

**Reese-Welge Funeral Home Evansville**

25. DATE RECD. BY LOCAL REG.

**11 JUL 6 1962**

26. REGISTRAR'S SIGNATURE

**Roan Smith, M.D.**USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Mar. C. C. C. C. C., Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. P. C. C. C.

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.